

Texas Animal Health Commission
Veterinary Authorized Personnel Application

Veterinarian Information			
Veterinarian Name (Last, First, M, Suffix)		National Category II Accreditation #	TX License #
Business Name			
Mailing Address (Street - City - State - ZIP)		Physical Business Address (Street - City - State - ZIP) If Different from Mailing Address	
Email	Business Phone	Mobile Phone	Home Phone

Program Authorization For each disease control or eradication program in which you perform or will perform program activities, you must have sufficient training as determined by the Texas Animal Health Commission (TAHC). TAHC records show you have sufficient training in the programs indicated below.	
Disease Control / Eradication Program	Training Received (Y/N)
Authorized Personnel	
Brucellosis Card Test	
Cervid TB — Stat Pak	
Cervid TB — Single Cervical	
Bovine Trichomoniasis (Trich)	
Chronic Wasting Disease (CWD)	

By signing this application, I certify that the information provided in this form is true and correct and I am able to perform the tasks listed in Texas Administrative Code (TAC), Title 4, Chapter 47 for the disease control or eradication programs designated above. I agree to conduct all authorized personnel activities in accordance with 4 TAC §47.4, Standards for Authorized Personnel and I have reviewed 4 TAC §47.6, Grounds for Suspension or Revocation.

Mail the completed, signed application to **TAHC, PO Box 12966, Austin TX 78711-2966, Attn: Authorized Personnel.**

Veterinarian	
Signature	Date

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Instructions for Completing the TAHC Veterinary Authorized Personnel Application

Veterinarian Information

- **Veterinarian Name (Last, First, M, Suffix):** Enter your legal last name, first name, middle initial and suffix.
- **National Category II Accreditation #:** Enter your Six-Digit National Accreditation Number assigned to you by USDA.
- **TX License #:** Enter your complete Texas veterinary license number.
- **Business Name:** Enter the name of the business where you work/practice. If you are self-employed without a specific business name, you may leave this line blank.
- **Mailing Address (Street – City – State – ZIP):** Enter complete business mailing address.
- **Physical Business Address (Street – City – State – ZIP) If Different from Mailing Address:** Enter your complete physical business address if it is different from your mailing address.
- **Email:** Enter your e-mail address (NOTE: If you enter a shared email address, that information may be viewed by others.)
- **Business Phone:** Enter your 10-digit business phone number.
- **Mobile Phone:** Enter your 10-digit cell phone number.
- **Home Phone:** Enter your 10-digit home phone number.

Program Authorization Training Received (Y/N)

- **Authorized Personnel:** Enter “Y” if you have received TAHC Authorized Personnel training (1) while you were a student at Texas A&M College of Veterinary Medicine, (2) one on one with a TAHC Region Director, (3) by attending a four hour TAHC Authorized Personnel Program training seminar or (4) by reviewing the TAHC Authorized Personnel modules online. Enter “N” if you have not previously received TAHC Authorized Personnel Program training.
- **Brucellosis Card Test:** Enter “Y” if you have previously received Brucellosis Card Test training at the TAHC State Laboratory or from TAHC Region personnel. Enter “N” if you have not previously received Brucellosis Card Test training in Texas.
- **Cervid TB Stat Pak:** Enter “Y” if you have received Cervid TB Stat Pak training from a TAHC or USDA Veterinarian. Enter “N” if you have not previously received Cervid TB Stat Pak training.
- **Cervid TB Single Cervical:** Enter “Y” if you have received Cervid TB Single Cervical training from a TAHC or USDA Veterinarian. Enter “N” if you have not previously received Cervid TB Single Cervical training.
- **Bovine Trichomoniasis (Trich):** Enter “Y” if you have received Bovine Trichomoniasis (Trich) Certification training from a TAHC Veterinarian. Enter “N” if you have not previously received Bovine Trichomoniasis (Trich) Certification training.
- **Chronic Wasting Disease (CWD):** Enter “Y” if you have previously received Chronic Wasting Disease (CWD) Certification training from a USDA or TAHC Veterinarian. You may also enter “Y” for Chronic Wasting Disease (CWD) if you have sufficient program experience. Enter “N” if you have not previously received Chronic Wasting Disease (CWD) Certification training or if you do not have sufficient program experience.